

Arizona Department of Health Services Children's Rehabilitative Services Administration	Effective Date: 10/01/2007
SUBJECT: HIPAA	SECTION: HI 1.5

SUBTITLE: CRSA HIPAA Request for an Accounting of Disclosures

PURPOSE:

To provide a mechanism for the Arizona Department of Health Services/Children's Rehabilitation Services Administration (ADHS/CRSA) to account for certain disclosures of a member's protected health information (PHI), as maintained in the designated record set (DRS), on the member or the member's authorized representative's written request.

POLICY:

CRSA is a health plan designation, as defined by the HIPAA Regulations. The policy of ADHS/CRSA is to provide the member's or member's representative the right to receive an accounting of disclosures of his or her PHI maintained in the DRS other than those outlined in the Section C.1 of this policy upon the request of the member or the member's authorized representative.

AUTHORITY:

45 C.F.R. § 164.528
A.R.S. § 36-104
A.R.S. §§ 36-261 - 265
A.A.C. §§ R9-7-101 - 701

APPLICABILITY:

To all ADHS/CRSA program workforce members, business associates, contract personnel, and other persons who officially represent the CRSA.

DEFINITIONS:

Accounting:

Accounting of disclosures of protected health information made by a Health Insurance Portability and Accountability Act (HIPAA) covered entity in the six (6) years prior to the date on which the accounting is requested.

Arizona Department of Health Services (ADHS):

Agency designated as the public health authority for the State of Arizona. ADHS, as defined by HIPAA, is a hybrid-covered entity.

Arizona Health Care Cost Containment System (AHCCCS):
Agency that oversees the Medicaid services provided to the Arizona citizens.

ADHS HIPAA Compliance Officer:

Individual, appointed by the ADHS director or the director's designee, who as the designated officer that oversees agency-wide compliance for the HIPAA Privacy, Security, and Administrative Simplification Regulations, collaborates with health care components for response to HIPAA concerns or complaints, and provides advice to health care components in all matters related to HIPAA. The ADHS HIPAA Compliance Officer may designate a HIPAA Compliance Team member to collaborate with a health care component. The ADHS HIPAA Compliance Officer may be used interchangeably with "HIPAA Compliance Office."

Children Rehabilitative Services Administration (CRSA):

A subdivision of the ADHS that is the contracted administrator for the Arizona Health Care Cost System Administration (AHCCCSA) and the state funded plan, which provides regulatory oversight of the Children's Rehabilitative Services (CRS) Regional Contractors and their delivery of health care services. ADHS/CRSA functions as a health plan under the ADHS hybrid entity.

CRSA includes a CRS program that provides for medical treatment, rehabilitation, and related support services to eligible individuals who have certain medical, handicapping, or potentially handicapping conditions that have the potential for functional improvement through medical, surgical, or therapy modalities.

CRS Member:

Individual, 21 years of age or younger, who is enrolled by the member's representative in either the AHCCCS or state funded CRS program and is eligible to receive defined health care services through the CRS Regional Contractors. The CRS member is the subject of Protected Health Information (PHI). The term "CRS Member" may be used interchangeably with the term "Representative."

CRSA HIPAA Privacy Official:

Person responsible for implementing all HIPAA Privacy information for ADHS/CRSA in collaboration with the ADHS HIPAA Compliance Officer for ADHS/CRSA.

CRS Regional Contractor:

Entity awarded a contract with ADHS/CRSA to provide medical treatment, rehabilitation, and related support services for enrolled CRS members.

Designated Record Set (DRS):

Set of collected and maintained eligibility and encounter records used or disseminated by ADHS/CRSA for purposes of member's eligibility and electronic encounter administration for medical, dental, and pharmacy related services provided by CRS Regional Contractors. The designated record set excludes quality assurance, peer review, oversight, or any other documents maintained by ADHS/CRSA for the operation of the program and its contractual relationship with AHCCCS or the CRS Regional Contractors.

Health Insurance Portability and Accountability Act (HIPAA):

Federal Public Law 104-191 of 1996 and the corresponding regulations developed by the United States Department of Health and Human Services that creates national standards for the privacy and security of protected health information and electronic billing standards to administer health care related claims.

Hybrid Entity:

Single legal entity: (1) that is covered, (2) the business activities include both covered and non-covered functions, and (3) that formally designates in writing which work areas are covered health care components of the hybrid entity.

Protected Health Information (PHI):

The individually identifiable health information that is maintained, collected, used, or disseminated by ADHS/CRSA, a HIPAA defined health plan, as it relates to the eligibility, claims administration, and ADHS/CRSA operations relating to a member's past, present, or future health or condition, provision of health care or future payment for the provision of health care.

Quality Management

Review of the quality of health care provided to CRS members.

Representative:

Individual who is authorized, either by the member or by Arizona law, to make health care treatment decisions for the member when the member is unable to make treatment decisions. Member representative has this same meaning as personal representative under the HIPAA Privacy Regulations.

DIVISION OF PRIMARY OF PRIMARY RESPONSIBILITY:

Children's Rehabilitative Services Administration/HIPAA Privacy Official

SPECIAL NOTATION:

All timeframes are calendar days unless otherwise specified.

Unauthorized release of PHI or individually identifiable information will subject the individual releasing the information to the disciplinary procedures set forth by the Arizona Department of Health Services, Office of Human Resources, Level I, Disciplinary policy. The disciplinary action may include dismissal from state service.

PROCEDURES:

A. Request for Accounting of Disclosures

1. Requests for an Accounting of Disclosures of the member's designated record set must be provided in writing. (See Attachment 1)

2. Upon receipt of a written request for an accounting of disclosures, CRSA will:
 - a. Date stamp the request with the date received,
 - b. Enter the information into the ADHS/CRSA tracking system,
 - c. Log a suspense date of sixty (60) days after the date of the receipt into the ADHS/CRSA tracking system, and
 - d. Create a hard copy file of the request and store the file in a secured location until the request for accounting of disclosures is completed.

B. Requestor's Identification Verification

1. Verify upon receipt of a written request the identity and authority of any individual requesting an accounting of disclosures before providing such disclosures and complete the follow the steps below:
 - a. Refer to the ADHS/CRSA Identification Reference for Protected Health Information document (See Attachment 2) for specific guidelines, and
 - b. Complete the ADHS/CRSA Verification and Authorization Checklist (See Attachment 3) for documentation.
2. Follow the ADHS/CRSA Identification Reference for Protected Health Information document for specific guidelines to ensure the requestor is positively identified as a representative of the ADHS/CRSA member for whom he/she is requesting an accounting of disclosures.

C. ADHS/CRSA Accounting Information

1. Account for all disclosures of PHI except disclosures made:
 - a. For treatment, payment, or operations,
 - b. To the member or the member's legal representative,
 - c. Under member's or legal representative's authorization,
 - d. To persons involved in the member's care,
 - e. For national security or intelligence purposes,
 - f. To correctional institutions or law enforcement officials with custody over an incarcerated member,

- g. As part of a limited data set, and
 - h. Disclosures made before April 14, 2003.
- 2. Maintain the following data for each disclosure of an accounting (other than repetitive disclosures see Section C.3 of this policy):
 - a. Date of disclosure,
 - b. Name of entity or person who received the PHI and, if known, the address,
 - c. Brief description of the PHI disclosed, and
 - d. Brief statement of the purpose of disclosure or a copy of a written request for disclosure, if any. Copies of written requests will be scanned into an electronic file and stored on the network located at the G:\HIPAA_Privacy folder.
- 3. Maintain the following data for multiple disclosures of PHI to the same person or entity for a single purpose:
 - a. For the first disclosure, the date, name of entity or person who received the PHI and address, if known, a brief description of the PHI, and a brief statement of the purpose of the disclosure or copy of disclosure request,
 - b. For later disclosures, the frequency, periodicity, or number of further disclosures, and
 - c. The date of the last the disclosure.
- 4. Maintain an accounting log containing the data in Section C.3 of this policy for disclosures of PHI.

D. Suspension of Accounting

- 1. Upon request by a state authority or federal health oversight agency or law enforcement official, ADHS/CRSA will temporarily suspend a member's right to an accounting of disclosure to the requesting agency.
- 2. A temporary suspension will be under the following circumstances:
 - a. The requesting agency or official provides a written statement that such an accounting of disclosure would be reasonably likely to impede the agency's activities, and specifies the time for which such a suspension is required, or

b. If the requesting agency or official gives an oral statement requesting suspension of an accounting of disclosure, ADHS/CRSA personnel will:

- (1) Document the statement and the identity of the requesting agency or official making the statement,
- (2) Temporarily suspend the right to an accounting of disclosures subject to the statement,
- (3) Limit the suspension to a maximum thirty (30) business days from the oral statement, unless ADHS/CRSA receives a written statement from the agency or official requesting a longer suspension date, and
- (4) Document in the ADHS/CRSA tracking system the date of the request for suspension and the date the suspension will be removed.

E. Preparing Accounting of Disclosure Information

1. Conduct a review of the member's ADHS/CRSA DRS and accounting log to determine whether the information or any part of the information has been disclosed for purposes that must be accounted to the member.
2. If the member's PHI has been disclosed to ADHS/CRSA business associates, the ADHS HIPAA Compliance Officer will be consulted to determine whether ADHS/CRSA has authorized the business associates to disclose again the PHI. If a business associate is authorized to disclose again the PHI under the contract, ADHS/CRSA will require the business associate to obtain an accounting of any disclosures that occur. The requirement will include the period within which the business associate must provide its accounting information to ADHS/CRSA.
3. Upon receipt of the business associate response, all accounting of disclosure information gathered by ADHS/CRSA and its business associates will be placed in a format comprehensible to the member.

F. Responding to a Request for an Accounting of Disclosures

1. If a member's Request for an Accounting is approved, CRSA will send a letter to the requestor within sixty (60) days from the date of the request. (See Attachment 4)
2. The sixty (60) day time limit in Section F.1 of this policy will be extended an additional thirty (30) days, if the accounting cannot be completed within the sixty (60) day period. If an extension is needed, a written statement will be given to the member within sixty (60) days from the date of the request with an explanation of why more time is needed and the date by which the accounting of disclosure will be provided. The total period cannot exceed ninety (90) days. (See Attachment 5)

3. Log the Request for an Accounting of Disclosure and all relative dates in the ADHS/CRSA tracking system located in the G:\HIPAA_Privacy folder.
4. Place a copy of the response letter in the Request for an Accounting file.

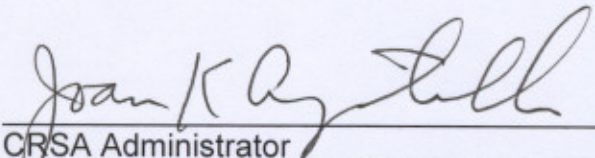
G. Charges

1. If a member or the member's representative requests copies of any information protected by HIPAA, ADHS/CRSA may not charge for the copies under Arizona law for the following circumstances:
 - a. For the demonstrated purpose of obtaining further health care for the member,
 - b. To another health care provider for the purpose of providing continuing care to the member, and
 - c. To an officer of ADHS or the local health department requesting records related to an investigation of reportable communicable diseases or to the medical boards.
2. If copies are requested for any other purpose, ADHS/CRSA may charge a reasonable cost-based fee to the member or the member's representative and may charge a reasonable fee to others who are authorized to request and receive the information.
3. ADHS/CRSA will not charge a fee for the first accounting in any twelve (12) month period. ADHS/CRSA may charge for each subsequent request by the same requestor within the twelve (12) month period if CRSA notifies the requestor in advance of the fee and provides the requestor with an opportunity to withdraw or modify the subsequent request in order to avoid or reduce the fee.
4. If charges are applied to the request, an appropriate fee will be charged for each page. (See Attachment 4)

H. Documentation

1. Beginning April 14, 2003, documentation will be maintained for a minimum period of six (6) years from the completion of a request process for:
 - a. All HIPAA associated requests received from a member or that member's representative,

- b. All communications relating to requests received from each member or that member's representative, and
 - c. The titles of persons or offices responsible for responding to or researching information for requests and any communications associated with those requests.
2. During the request process, all requests and any communication associated with those requests will be stored as hard copy files in a secured location.
 3. Upon completion of the request process, all hard copy documentation will be scanned into an electronic documentation file(s) and stored for one (1) year in a secured folder located in G:\HIPAA_Privacy folder.
 4. At the end of the one (1) year, the electronic documentation file(s) will be copied onto a compact disc and the electronic file will be deleted from the G:\HIPAA_Privacy folder.
 5. The compact disc will be stored for five (5) years in a secured file in the OCSHCN compressed filing room.
 6. At the end of the required six (6) years retention period, the compact disc file(s) will be destroyed.
 7. The HIPAA Compliance Officer or his/her designee will conduct an annual audit review of all logs to ensure compliance with this policy.

Approved:	Date:
 _____ CRSA Administrator	9/24/07 _____

**Arizona Department of Health Services
Children's Rehabilitative Services Administration**

REQUEST FOR ADHS/CRSA DESIGNATED RECORD SET

NAME OF MEMBER: _____
(Last) First (Middle Initial)

Member's Date of Birth: ____/____/____
(mm) (dd) (yyyy)

Name of Person Requesting Arizona Department of Health Services/Children's Rehabilitative Services Administration
(ADHS/CRSA) Designated Record Set (if other than member):

(Last) (First) (Middle Initial)

Relationship to member: _____

Authority to receive the ADHS/CRSA information for the member (Please check applicable authority):

- ____ Written Authorization from Member
____ Parent/Legal Guardian of Minor Aged Member
____ Health Care Decision Maker for Member (Mental Health Care Power of Attorney, Health Care Power of Attorney, or Surrogate Decision Maker)
____ Personal Representative of Member's Estate
____ Verbal Authorization from Member (valid for fourteen (14) days only)
____ Other (please explain): _____

**DOCUMENTATION OF AUTHORITY TO RECEIVE ADHS/CRSA INFORMATION MUST BE
ATTACHED TO REQUEST FOR DESIGNATED RECORD SET**

INFORMATION REQUESTED

- ____ Copy of ADHS/CRSA Designated Record Set for individual dated: _____
____ A summary of information for the individual kept by ADHS/CRSA
____ Request for an Accounting of the CRSA Designated Record Set
Specific Dates _____ Purpose _____
____ Other (explain): _____

REASON FOR REQUESTING THE DESIGNATED RECORD SET

- ____ To provide to another provider for continuing care or obtaining further health care
____ Other (explain): _____

DELIVERY OF INFORMATION

- ____ I will pick up the information file at ADHS/CRSA
____ Please mail the information to me at: _____
____ I will review the original information file onsite at ADHS/CRSA. I will call ADHS/CRSA at 602-542-1860 to arrange a time to do so.

I am authorized to receive copies of the ADHS/CRSA Designated Record Set for _____
(Member's name)

I understand that I will be required to provide identification and documentation for the authority to receive the CRSA Designated Record Set.

Signature

Date

Arizona Department of Health Services
Children's Rehabilitative Services Administration

Identification Reference for Protected Health Information

REQUESTOR: SELF (MEMBER)

AND:

YOU MUST:

NEXT, YOU CAN:

The contact is by phone:

Verify the person is the member by asking for his/her:

- Full Name,
- Date of Birth,
- CRS Client ID Number, and
- One additional piece of information such as social security number (SSN), address, phone number, or AHCCCS ID number (if applicable).

The contact is in person or a written request:

Ask for documentation verifying proof of identification. For contacts in person, preference is to see a document with a photograph. If you are unable to provide a document with a photograph, request a minimum of two documents from the lists below. A birth certificate is not an identity document. For written contacts, verify address on documentation matches address of record.

Some documents that are acceptable as proof of identity for a child are:

- Doctor, Clinic, or Hospital Record
- Religious Record (i.e., baptismal record)
- Daycare Center or School Record
- Adoption Record
- School ID Card

Some documents that are acceptable as proof of identity for an adult are:

- Driver's License
- Marriage or Divorce Record
- Military Record
- Employer ID Card
- Adoption Record
- Life Insurance Policy
- Passport
- Health Insurance Card (not a Medicare card)
- School ID Card

NOTE: All documents must be either originals or copies certified by the issuing agency.

Release information specific to his/her CRS coverage and answer any questions pertaining to any issues/concerns or grievances the member may have filed with ADHS/CRSA. *Do not evaluate diagnosis or treatment.*

– AND –

Document details of information released into the ADHS/CRSA tracking system located in the G:\HIPAA_Privacy folder.

Arizona Department of Health Services
Children's Rehabilitative Services Administration

Identification Reference for Protected Health Information

AND:

YOU MUST:

NEXT, YOU CAN:

The contact is by phone and the member/child makes a mistake on the information (Name, Date of Birth, CRS Client ID number, or Additional piece of information) used to verify his/her identity.

For contacts by phone:

Explain to the requestor that the information does not match the information in the ADHS/CRSA data file (CRS Eligibility Screens). Ask him/her to repeat the information, and if incorrect, suggest that the requestor look at his/her ADHS/CRSA paperwork to find the correct information or ask someone (family or friend) to help him/her with this information.

For contacts in person:

Explain to the requestor that the documentation does not meet the requirements of verifying identification. Provide the requestor with a list of documents that meet the requirements and suggest that the requestor return with a minimum of two documents verifying identification.

For contacts in writing:

Notify the requestor in writing that the documentation does not meet the requirements of verifying identification. Provide the requestor with a list of documents that meet the requirements and ask that he/she forward to you are the copies of two valid documents verifying identification.

If requestor states that there has been a change in information, advise him/her to contact the appropriate CRS Clinic and have the information updated. Do not disclose information until verification of identification has been established.

If the requestor *is able* to provide the correct information, release information specific to his/her CRS coverage and answer any questions pertaining to any issue/concern or grievance the member may have filed with ADHS/CRSA.

– AND –

Document details of information released into the ADHS/CRSA tracking system.

If the requestor *is unable* to provide the correct information, **YOU MAY NOT** release any ADHS/CRSA information or answer any questions pertaining to the member.

– NEXT –

Advise the requestor that the information is protected under the HIPAA Privacy Regulations and it is for the member's protection that we will not release the information.

– AND –

Document details of information requested and reason for denying request into the ADHS/CRSA tracking system located in the G:\HIPAA_Privacy folder.

Arizona Department of Health Services
Children's Rehabilitative Services Administration

Identification Reference for Protected Health Information

		REQUESTOR: PARENT OF MINOR CHILD
AND:	YOU MUST:	NEXT, YOU CAN:
It is clear that the parent is acting on the child's behalf.	Verify that the requestor's name matches the parent's name listed in the CRS file.	If the requestor <i>is able</i> to provide the correct information, release per the instructions listed under member.
(A request for information from a minor child's file by the child's parent is an access request that must be honored, as long as it is clear the parent is acting on the child's behalf.)	<p>– AND –</p> Verify the identity of the minor child member by asking for his/her:	<p>– AND –</p> Document details of information released into the ADHS/CRSA tracking system.
	<ul style="list-style-type: none">• Full Name,• Date of Birth,• CRS Client ID Number, and• One additional piece of information such as social security number (SSN), address, phone number, or AHCCCS ID number (if applicable).	If the requestor <i>is unable</i> to provide the correct information, <u>YOU MAY NOT</u> release any ADHS/CRSA information or answer any questions pertaining to the member.
NOTE: Unless the court issues a separate custody order that allows only one parent to have authority over the child, divorced or separated parents have equal rights to access minor child's health information. The CRSA HIPAA Privacy Official can verify the legal guardianship if there is a doubt of the parent's legal custody status.	<p>– AND –</p> Verify the identity of the requestor by following the guidelines defined under Requestor: Self (Member) for documents acceptable as identification verification for in-person or written requests.	<p>– NEXT –</p> Advise the requestor that the information is protected under the HIPAA Privacy Regulations and it is for the member's protection that we will not release the information.
		<p>– AND –</p> Document details of information requested and reason for denying request into the ADHS/CRSA tracking system located in the G:\HIPAA_Privacy folder.

Arizona Department of Health Services
Children's Rehabilitative Services Administration

Identification Reference for Protected Health Information

REQUESTOR: LEGAL GUARDIAN OF MINOR CHILD OR MAJORITY AGED MEMBER

A.R.S. § 14-5201 et seq. - Guardians of Minors

A.R.S. § 14-5301 et seq. - Guardians of Incapacitated Persons (Majority Aged Member)

AND:

YOU MUST:

NEXT, YOU CAN:

It is clear that the legal guardian is acting on the member's behalf.

Verify that the requestor's name matches the legal guardian's name listed in the CRS data file.

If the requestor *is able* to provide the correct information, release per the instructions listed under member.

– AND –

To answer any questions via the telephone, you must have proof of the legal guardianship on file and the guardian's name must appear in the ADHS/CRSA data file (CRS Eligibility Screens).

Verify and obtain a copy of the court order (if one is not already on file) appointing the requestor as a legal guardian or a written and notarized statement that a court appointed the requestor as the member's guardian and that the appointment still is valid.

– AND –

Document details of information released into the ADHS/CRSA tracking system.

– AND –

If the requestor *is unable* to provide the correct information, **YOU MAY NOT** release any ADHS/CRSA information or answer any questions pertaining to the member.

Verify the identity of the member by asking for his/her:

- Full Name,
- Date of Birth,
- CRS Client ID Number, and
- One additional piece of information such as social security number (SSN), address, phone number, or AHCCCS ID number (if applicable).

– NEXT –

Advise the requestor that the information is protected under the HIPAA Privacy Regulations and it is for the member's protection that we will not release the information.

– AND –

Verify the identity of the requestor by following the guidelines defined under **Requestor: Self (Member)** for documents acceptable as identification verification for in-person or written requests.

– AND –

Document details of information requested and reason for denying request into the ADHS/CRSA tracking system located in the G:\HIPAA_Privacy folder.

Arizona Department of Health Services
Children's Rehabilitative Services Administration

Identification Reference for Protected Health Information

REQUESTOR: HEALTH CARE OR MENTAL HEALTH CARE POWER OF ATTORNEY FOR ADULT MEMBER

A.R.S. § 36-3201(6) - Health care power of attorney is a written designation of an agent to make health care decisions that meets the requirements of A.R.S. § 36-3221 and that comes into effect and is durable as provided in A.R.S. § 36-3223(A).

A.R.S. § 36-3201(10) - Mental health care power of attorney is a written designation of an agency to make mental health care decisions that meets the requirements of A.R.S. § 36-3281.

AND:

It is clear that the person with the health care or mental health care power of attorney is acting on the member's behalf.

To answer any questions via the telephone, you must have a copy of the health care or mental health care power of attorney on file and the individual named in the power of attorney appears in the ADHS/CRSA data file (CRS Eligibility Screens).

YOU MUST:

Verify that the requestor's name matches the health care or mental health care power of attorney name listed in the CRS data file and that a guardian or other legal representative has not been appointed. Contact legal counsel to determine who may make decisions if the member has more than one legally authorized decision maker.

– AND –

Verify and obtain a copy of the health care or mental health care power of attorney (if one is not already on file) appointing the requestor as the health care or power of attorney and the power of attorney document is still valid.

– AND –

Verify the identity of the member by asking for his/her:

- Full name,
- Copy of health care or mental health care power of attorney;
- Confirmation by member's physician that member is incapable of acting on his/her own behalf,
- Date of birth,
- CRS Client ID Number, and
- One additional piece of information such as social security number (SSN), address, phone number, or AHCCCS ID number (if applicable).

– AND –

Verify the identity of the requestor by following the guidelines defined under **Requestor: Self (Member)** for documents acceptable as identification verification for in-person or written requests.

NEXT, YOU CAN:

If the requestor *is able* to provide the correct information, release per the instructions listed under member.

– AND –

Document details of information released into the ADHS/CRSA tracking system.

If the requestor *is unable* to provide the correct information, **YOU MAY NOT** release any ADHS/CRSA information or answer any questions pertaining to the member.

– NEXT –

Advise the requestor that the information is protected under the HIPAA Privacy Regulations and it is for the member's protection that we will not release the information.

– AND –

Document details of information requested and reason for denying request into the ADHS/CRSA tracking system located in the G:\HIPAA_Privacy folder.

Arizona Department of Health Services
Children's Rehabilitative Services Administration

Identification Reference for Protected Health Information

REQUESTOR: SURROGATE DECISION MAKER OF ADULT MEMBER (WHO IS SPOUSE, ADULT CHILD, PARENT, DOMESTIC PARTNER, BROTHER, SISTER, OR CLOSE FRIEND) **

A.R.S. § 36-3201(13) - Surrogate decision-maker is a person authorized to make health care decisions for a patient by a power of attorney, a court order or the provisions of A.R.S. § 36-3231.**

A.R.S. § 36-3201(5) - Health care directive is a document drafted in substantial compliance with chapter 32, including a mental health care power of attorney, to deal with a person's future health care decisions.

AND:

It is clear that the surrogate decision-maker is acting on the member's behalf and following the member's health care directive, if such directive is available in the member's ADHS/CRSA data file or can be provided to CRSA by the surrogate.

To answer any questions via the telephone, whenever possible, you must have documentation in the member's data file that the surrogate decision-maker's identity has been verified by CRSA HIPAA Compliance Official.

YOU MUST:

Verify that a health care or mental health care power of attorney, guardian, or other legal representative has not been issued or is not in member's data file and there is a need to make health care decisions for the member, including disclosure of health care or mental health care information, for the benefit of the member who is incapable of making his/her own decisions.

– AND –

- Full Name,
- Confirmation by member's physician that the member is incapable of acting on his/her own behalf,
- Confirm the requestor's relationship with the member,
- Date of Birth of Member,
- CRS Client ID Number, and
- One additional piece of information such as social security number (SSN), address, phone number, or AHCCCS ID number (if applicable).

** Confirm that requestor's relationship to the member on the following list and that requestor is highest on the priority following priority listed below of persons reasonably available to make health care/mental health care decisions on behalf of the member.

- A spouse, unless legally separated,
- An adult child or majority of adult children who are reasonably available for consultation,
- A parent,
- If unmarried, a domestic partner if no other person assumes financial responsibility,
- An adult brother or sister,
- A close friend (i.e., someone who exhibits special care and concern for the member, who is willing to become involved with the member's care and act in member's best interest, and who is familiar with the member's health

NEXT, YOU CAN:

If the requestor verifies priority and need to access information, release per the instructions from physician, as provided by member's health care/mental health care directive or as documented in the member's file. If no other information is available, release information only as requested by member's physician or mental health provider.

– AND –

Document details of information released into the ADHS/CRSA tracking system located in the G:\HIPAA Privacy folder.

If the requestor *is unable* to provide the correct information, **YOU MAY NOT** release any ADHS/CRSA information or answer any questions pertaining to the member.

– NEXT –

Advise the requestor that the information is protected under the HIPAA Privacy Regulations and it is for the member's protection that we will not release the information.

– AND –

Document details of information requested and reason for denying request into the

HI 1.5 CRSA HIPAA Request for an Accounting of Disclosures

Attachment 2

Effective Date: 10/01/2007

Arizona Department of Health Services
Children's Rehabilitative Services Administration

Identification Reference for Protected Health Information

REQUESTOR: SURROGATE DECISION MAKER OF ADULT MEMBER (WHO IS SPOUSE, ADULT CHILD, PARENT, DOMESTIC PARTNER, BROTHER, SISTER, OR CLOSE FRIEND) **

A.R.S. § 36-3201(13) - Surrogate decision-maker is a person authorized to make health care decisions for a patient by a power of attorney, a court order or the provisions of A.R.S. § 36-3231.**

A.R.S. § 36-3201(5) - Health care directive is a document drafted in substantial compliance with chapter 32, including a mental health care power of attorney, to deal with a person's future health care decisions.

AND:

YOU MUST:

care views and desires).

– AND –

Verify the identity of the requestor by following the guidelines defined under **Requestor: Self (Member)** for documents acceptable as identification verification for in-person or written requests. Contact legal counsel to determine who may make decisions if the member has more than one legally authorized decision-maker.

NEXT, YOU CAN:

ADHS/CRSA tracking system located in the G:\HIPAA_Privacy folder.

Arizona Department of Health Services
Children's Rehabilitative Services Administration

Identification Reference for Protected Health Information

REQUESTOR: LEGAL REPRESENTATIVE AS DEFINED BY THE STATE

A.R.S. § 14-9101(8) – Legal representative is a personal representative or conservator.

A.R.S. § 14-9101(2) – Conservator is a person who is appointed or qualified by a court to manage the estate of an individual or who is legally authorized to perform substantially the same functions.

A.R.S. § 14-9101(11) – Personal representative is an executor, administrator, or special administrator of a decedent's estate, a person legally authorized to perform substantially the same functions or a successor to any of them.

AND:

YOU MUST:

NEXT, YOU CAN:

Initially, these types of requests must come in as written requests in order to verify the relationship.

Verify that the requestor's name matches the legal representative's name listed in the CRS data file.

If the requestor *is able* to provide the correct information, release per the instructions listed under member.

– AND –

– AND –

To answer any questions via telephone, you must have proof of the arrangement in the ADHS/CRSA data file (CRS Eligibility Screens).

Verify and obtain a copy of the court order (if one is not already on file) appointing the requestor as legal representative or a written and notarized statement that a court appointed the requestor as the member's legal representative and that the appointment still is valid.

Document details of information released into the ADHS/CRSA tracking system.

If the requestor *is unable* to provide the correct information, **YOU MAY NOT** release any ADHS/CRSA information or answer any questions pertaining to the member.

– AND –

– NEXT –

Verify the identity of the member by asking for his/her:

- Full Name,
- Date of Birth,
- CRS Client ID Number, and
- One additional piece of information such as social security number (SSN), address, phone number, or AHCCCS ID number (if applicable).

Advise the requestor that the information is protected under the HIPAA Privacy Regulations and it is for the member's protection that we will not release the information.

– AND –

– AND –

Verify the identity of the requestor by following the guidelines defined under **Requestor: Self (Member)** for documents acceptable as identification verification for in-person or written requests.

Document details of information requested and reason for denying request into the ADHS/CRSA tracking system located in the G:\HIPAA_Privacy folder.

Identification Reference for Protected Health Information

REQUESTOR: A MAJORITY AGED OR EMANCIPATED MEMBER'S SPOUSE, RELATIVE, FRIEND OR ADVOCATE.

AND:

The request is by telephone and the **member gives verbal authorization** for you to speak with the caller. (The member does not have to remain on the phone during the conversation, or even be at the same place as the requestor – you may obtain the member's authorization to speak with the requestor via another line, three-way calling, or previously submitted written authorization.)

YOU MUST:

Verify the identity of the member by asking for his/her:

- Full Name,
- Date of Birth,
- CRS Client ID Number, and
- One additional piece of information such as social security number (SSN), address, phone number, or AHCCCS ID number (if applicable).

A verbal authorization on file is good for 14 days. The CRSA HIPAA Compliance Official may advise the member and the caller that if the member wants the requestor to receive information for more than 14 days, the member should send in a written HIPAA authorization form. (Verify current address of member and send the ADHS/DBHS authorization form.)

– AND –

Document into the ADHS/CRSA tracking system the name, address, phone number and relationship to the member of the requestor.

NEXT, YOU CAN:

If the requestor *is able* to provide the correct information, release per the instructions listed under member.

– AND –

Document details of information released into the ADHS/CRSA tracking system.

If the requestor *is unable* to provide the correct information, **YOU MAY NOT** release any ADHS/CRSA information or answer any questions pertaining to the member.

– NEXT –

Advise the requestor that the information is protected under the HIPAA Privacy Regulations and it is for the member's protection that we will not release the information.

– AND –

Document details of information requested and reason for denying request into the ADHS/CRSA tracking system located in the G:\HIPAA_Privacy folder.

Arizona Department of Health Services
Children's Rehabilitative Services Administration

Identification Reference for Protected Health Information

REQUESTOR: A MAJORITY AGED OR EMANCIPATED MEMBER'S SPOUSE, RELATIVE, FRIEND OR ADVOCATE.

AND:

The request is by telephone and the member **is not available to give verbal authorization** for you to speak with the caller and there is no written authorization on file.

You have written authorization on file that allows you to give member-specific information to the requestor.

You have written authorization on file that has expired.

YOU MUST:

Advise the requestor that you may not give out any information without the member's authorization.
The requestor may call back at a later time with the member present to give authorization

– OR –

The member provides written authorization to allow the requestor to obtain information from his/her file.

Have the requestor provide the member's:

- Full Name,
 - Date of Birth,
 - CRS Client ID Number, and
- One additional piece of information such as social security number (SSN), address, phone number, or AHCCCS ID number (if applicable).

– AND –

Verify that written authorization for this requestor is on file and within the authorized time period (if specified). If unable to verify authorization, you must take the necessary steps to obtain current authorization, which may include contacting the member by phone and obtaining a verbal authorization or contacting the member by written communication.

Advise the requestor that the written authorization has expired.
Obtain verbal authorization and follow instructions for verbal authorization or provide the recipient with an authorization form and request a new authorization

NEXT, YOU CAN:

YOU MAY NOT release any ADHS/CRSA information or answer any questions pertaining to the member.

– NEXT –

Advise the requestor that the information is protected under the HIPAA Privacy Regulation and it is for the member's protection that we will not release the information.

– AND –

Document details of information requested and reason for denying request into the ADHS/CRSA tracking system located in the G:\HIPAA_Privacy folder.
If the requestor *is able* to provide the correct information, release information as allowed by the authorization (per the instructions in the recipient's file).

– AND –

Document details of information released into the ADHS/CRSA tracking system.

Unless you receive a verbal authorization or new written authorization, **YOU MAY NOT** release any information pertaining to the recipient.

Arizona Department of Health Services
Children's Rehabilitative Services Administration

Identification Reference for Protected Health Information

REQUESTOR: A MAJORITY AGED OR EMANCIPATED MEMBER'S SPOUSE, RELATIVE, FRIEND OR ADVOCATE.

AND:

YOU MUST:

NEXT, YOU CAN:

Advise the requestor that the information is protected under the HIPAA Privacy Regulations and it is for the recipient's protection that we will not release the information.

– AND –

Document details of information requested and reason for denying request into the ADHS/CRSA tracking system.

**Arizona Department of Health Services
Children's Rehabilitative Services Administration**

Identification Reference for Protected Health Information

REQUESTOR: CRS PROVIDER (CRS CLINIC)		
AND:	YOU MUST:	NEXT, YOU CAN:
<p>The CRS Clinic employee provides the following information in order to identify the beneficiary in question:</p> <ul style="list-style-type: none"> • Full name of member • Member's Date of Birth • Member's CRS Client ID number • One additional piece of information such as social security (SSN), address, phone number, or AHCCCS ID number (if applicable). <p>Ensure that the reason for the inquiry is related to the administration of that CRS Clinic, to the treatment of the member, or the payment for services provided to that member.</p>	<p>There are three ways that an ADHS/CRSA may verify that he/she is speaking with an employee of a CRS Clinic.</p> <p>Both parties on the call look at the CRS Eligibility Screen for the member in question. The CRSA employee will name a field on the screen and ask that the CRS Clinic employee identify what is in that particular field.</p> <p>– OR –</p> <p>The ADHS/CRSA employee may ask for the CRS Clinic employee's phone number and call him/her back, making sure that the area code and exchange matches a listed phone number for that CRS Clinic. NOTE: Caller ID on the ADHS/CRSA telephone may be used to verify the area code and exchange in lieu of a callback.</p> <p>– OR –</p> <p>The ADHS/CRSA employee may take the name and number of the CRS Clinic employee, the name and number of his/her supervisor, the date and reason for the inquiry, and post this information in the ADHS/CRSA tracking system located in the G:\HIPAA_Privacy folder.</p> <p>ADHS/CRSA personnel will document in the HIPAA tracking system how the personnel verified the person's identity, either by retaining a copy of the documentation or by explaining what proof of identity and authority was used. NOTE: Verification of identification by an ADHS/CRSA employee can be omitted once that ADHS/CRSA employee has verified identification of the CRS Clinic representative.</p>	<p>Release the member's ADHS/CRSA information relevant to the administration of that CRS Clinic's program, the treatment of, or payment for services provided to the member.</p> <p>– NEXT –</p> <p>Advise the requestor that any further information is protected under the HIPAA Privacy Regulations and it is for the member's protection that we will not release the information.</p> <p>– AND –</p> <p>Document details of information requested in the ADHS/CRSA tracking system located in the G:\HIPAA_Privacy folder.</p>

Identification Reference for Protected Health Information

REQUESTOR: EMPLOYEE OF ANOTHER STATE AGENCY OR FEDERAL AGENCY

AND:

A State or Federal employee provides the following information in order to identify the beneficiary in question:

- Full name of member
- Member's Date of Birth
- Member's CRS ID number
- One additional piece of information such as social security (SSN), address, phone number, or AHCCCS ID number (if applicable).

Ensure that the reason for the inquiry is related to the administration of that agency's program.

YOU MUST:

Verify the identity of the State or Federal employee by: ADHS/CRSA personnel will ask to see an identification badge, official credential, or other proof of government status (such as a business card). If the request for the protected health information (PHI) is in writing, the official can demonstrate his or her official identity if the request is on the appropriate government letterhead.

– OR –

ADHS/CRSA personnel will see one of the following documents that establishes that the person is acting on behalf of the government agency:
(a) a written statement on government letterhead that the person is acting under the government's authority; or
(b) other evidence or documentation that the person is acting on behalf of the government agency, such as a contract for services, memorandum of understanding, or purchase order.

– AND –

Verify the authority of the State or Federal employee by obtaining one of the following documents or representations (written or oral):
(a) warrant, (b) subpoena, (c) court order, (d) other legal process issued by a grand jury or a judicial or administrative tribunal, (e) a written statement of the legal authority under which the PHI is requested, or (f) an oral statement of such legal authority accompanied by a government, administrative or judicial documentation that requests the PHI.

Questions regarding authority of requestor, authenticity of the request or ADHS/CRSA authority to disclose the requested information should be referred to the Attorney Generals Office.

NOTE: Verification of identification by an ADHS/CRSA employee can be omitted after the ADHS/CRSA employee has verified identification of the other State Agency's representative.

NEXT, YOU CAN:

Release the member's ADHS/CRSA information relevant to the administration of that agency's program, the treatment of, or payment for services provided to the member.

– NEXT –

Advise the requestor that any further information is protected under the HIPAA Privacy Regulations and it is for the member's protection that we will not release the information.

– AND –

Document details of information requested in the ADHS/CRSA tracking system of how the employee of another State or Federal Agency verified the person's identity, either by retaining a copy of the documentation or by explaining what proof of identity and authority was used.



Arizona Department of Health Services
Children's Rehabilitative Services Administration

VERIFICATION AND AUTHORIZATION CHECKLIST

Name of Member:

(Last) _____ (First) _____ (Middle Initial) _____

Member's Date of Birth:

_____/_____/_____
(mm) (dd) (yyyy) CRS ID # _____

Member's Address:

Street _____
City _____ State _____ Zip code _____

Name of Person Requesting Arizona Department of Health Services/Children's Rehabilitative Services Administration (ADHS/CRSA)
Designated Record Set:

(Last) _____ (First) _____ (Middle Initial) _____

Requestor's Address:

Street _____
City _____ State _____ Zip code _____

Relationship to Member:

- | | | | | |
|--|---|--|--|---|
| <input type="checkbox"/> Self (member) | <input type="checkbox"/> Parent/Legal Guardian of Minor Child | <input type="checkbox"/> Legal Guardian of Adult | <input type="checkbox"/> Health Care Power of Attorney | <input type="checkbox"/> Mental Health Care Power of Attorney |
| <input type="checkbox"/> Surrogate Decision Maker of Adult Patient (Spouse, Adult Child, Domestic Partner, Brother, Sister, or Close Friend) | <input type="checkbox"/> Personal Representative of Member's Estate | <input type="checkbox"/> CRS Provider | <input type="checkbox"/> Government Employee (i.e., Child Protective Services, Adult Protective Services, Arizona Health Care Cost Containment System) | <input type="checkbox"/> Other (please explain): _____ |

Method of Identification:

- ☐ Telephone ☐ In Person ☐ Written Request ☐ Other: _____
Description _____

Acceptable documents for verification of identification (check those provided):

For Child:

- | | | | | |
|---|--|--|---|--|
| <input type="checkbox"/> Doctor, Clinic, or Hospital Record | <input type="checkbox"/> Religious Record (i.e., baptismal record) | <input type="checkbox"/> Daycare Center or School Record | <input type="checkbox"/> School ID Card | <input type="checkbox"/> Adoption Record |
|---|--|--|---|--|

For Adult:

- | | | | | |
|---|---|---|--|--|
| <input type="checkbox"/> Driver's License | <input type="checkbox"/> Military Record | <input type="checkbox"/> Life Insurance Policy | <input type="checkbox"/> Passport | <input type="checkbox"/> Adoption Record |
| <input type="checkbox"/> School ID Card | <input type="checkbox"/> Employer ID Card | <input type="checkbox"/> Marriage or Divorce Record | <input type="checkbox"/> Health Insurance Card (not a Medicare card) | |

Authority to receive the ADHS/CRSA Information for the Member (Please check applicable authority):

- | | | |
|---|---|--|
| <input type="checkbox"/> Written Authorization from Member | <input type="checkbox"/> Parent or Legal Guardian of Minor Aged Member | <input type="checkbox"/> Health Care Decision Maker for Member (Health Care Power of Attorney, Mental Health Care Power of Attorney, or Surrogate) |
| <input type="checkbox"/> Personal Representative of Member's Estate | <input type="checkbox"/> Verbal Authorization from Member (valid for fourteen (14) days only) | <input type="checkbox"/> Other (please explain): _____ |

DOCUMENTATION OF AUTHORITY TO RECEIVE Member's Personal Health Information MUST BE ATTACHED TO VERIFICATION IDENTIFICATION CHECKLIST

Identification Verified by:

CRSA Employee's Name _____

Date _____

Signature _____

Title _____

LETTERHEAD
ARIZONA DEPARTMENT OF HEALTH SERVICES
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
GRANT OF REQUEST FOR ACCOUNTING OF DISCLOSURES

[INSERT DATE]

Confidential

[INSERT ADDRESS]

[]
[]

Re: Request for Accounting of Disclosures

Member: _____

Dear _____:

We are pleased to respond to your Request for an Accounting of Disclosures of _____ records, dated _____.
The Accounting you requested is enclosed.

Please note that not every disclosure of the member's information is included in the enclosed list. The Health Insurance Portability and Accountability Act (HIPAA) does not require the Arizona Department of Health Services/Children's Rehabilitative Services Administration (ADHS/CRSA) to keep track of disclosures that were necessary to treat you, to get payment for treatment, to run CRSA's business operations, and for certain disclosures made relating to national security government intelligence. In addition, HIPAA does not require us to give an accounting if you are under custody of a correctional institution or law enforcement or disclosures that do not disclose the identity of an individual.

The charge for the information you requested is: _____ (Free of Charge) for the accounting dates of _____.

We want to assure you that CRSA takes members' privacy very seriously. If you have any questions, please do not hesitate to contact the CRSA HIPAA Privacy Official at _____.

Sincerely,

CRSA HIPAA Privacy Official

Enclosure

LETTERHEAD
ARIZONA DEPARTMENT OF HEALTH SERVICES
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION

REQUEST FOR AN ACCOUNTING

NOTICE OF TIME EXTENSION

[INSERT DATE]

CONFIDENTIAL

[INSERT ADDRESS]

[
[

Re: Request for Accounting of Disclosures

Dear _____:

We have received your written Request for an Accounting of your Children's Rehabilitative Services Administration (CRSA) Designated Record Set in regards to member [INSERT MEMBER'S NAME]. Unfortunately, we have unable to complete our review of your request, and we need additional time to respond to your request, as allowed by the Health Insurance Portability and Accountability Act (HIPAA). We expect to be able to provide a response to you no later than [INSERT RESPONSE DATE]. In no event will this extension exceed ninety (90) days from the date we received your request. We apologize for the delay, and we appreciate your patience.

Sincerely,

CRSA HIPAA Privacy Official

Cc: Request for Accounting of Disclosures File